

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-031996

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 318

STATE FILE NUMBER

VS 300  
Rev. 4/5910808  
20808

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4 05 3

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7 18 294200

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12 1-013 1-0

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

FILED SEP 4 1962

## 1. PLACE OF DEATH

a. COUNTY

Pettisb. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN SedaliaLength of stay in 1b  
62 yrsc. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION Bothwell HospInside limits  
Yes ☐ No ☐

## 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)

a. STATE

Mo

b. COUNTY

Pettis

Inside Limits

Yes ☒ No ☐

Reside on Farm

Yes ☐ No ☐3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

WillisA.Watts

## 4. DATE OF DEATH

Month

Day

Year

Aug. 28, 1962

## 5. SEX

Male

## 6. COLOR OR RACE

White7. Married ☐ Never Married ☐Widowed ☐ Divorced ☒

## 8. DATE OF BIRTH

1-18-1891

## 9. AGE (last birthday)

71

## IF UNDER 1 YEAR

Months Days Hours Min.

## IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Maintenance10b. KIND OF BUSINESS OR INDUSTRY  
State Highway11. BIRTHPLACE (City and state or country)  
Camden, Ill12. CITIZEN OF WHAT COUNTRY  
USA

## 13a. FATHER'S NAME

Allen G. Watts

## 13b. MOTHER'S MAIDEN NAME

Cora E. (Linneman)

## 14. NAME OF HUSBAND OR WIFE

Mary Josephine M. Neely

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)  
yes WWI

## 16. SOCIAL SECURITY NO.

[redacted]

## 17. INFORMANT

9 Mrs. Betty Ruth Hayes - Indep. Mo

## 18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Myocardial infarction

## INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Arteriosclerotic Heart Disease

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  
Anterior retention detrusor muscle hypertrophy

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

## 19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

## 20a. ACCIDENT SUICIDE HOMICIDE

☐ ☐ ☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour a.m. p.m. Month, Day, Year20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from July 1958 to Present and last saw him alive on 28 Aug 1962  
Death occurred at 7:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

Donald C. Dinter M.D.

## 22b. ADDRESS

Sedalia, Mo.

## 22c. DATE SIGNED

29 Aug 1962

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

## 23b. DATE

8-30-62

## 23c. NAME OF CEMETERY OR CREMATORY

Crown Hill

## 23d. LOCATION (City, town, or county)

Sedalia

## (State)

MO

## 24. FUNERAL DIRECTOR

M. Laughlin Bros.

## ADDRESS

579 So. 1st

## 25. DATE RECD. BY LOCAL REG.

Aug. 30, 1962

## 26. REGISTRAR'S SIGNATURE

Nancy Anderson, Deputy

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.

BY AFFIDAVIT OF

SEP 5 1962

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*John R. Sumner*

Licensed Embalmer No.

*5173*

P. O. Address

*Adelphia Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.